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THE UNITED STATES PATENT AND TRADEMARK OFFICE

**DHL EXPRESS 552 6567 745**

Applicant: Bernard Krone et al.  
Serial No: 10/708,787  
U.S. Filed: 3/25/2004  
For: Device and Method for Measuring and Controlling Bale Length

**Commissioner for Patents**  
**Alexandria, VA 22313-1450**

**INFORMATION DISCLOSURE STATEMENT**

In accordance with 37 CFR § 1.56, Applicant wishes to call the attention of the Examiner to the reference(s) cited on the attached form PTO-1449. Copies of the listed documents (except U.S. patents and published U.S. patent applications) are attached.

This reference has been discussed in the instant specification in paragraph 0006.

It is respectfully requested that any fees required and not enclosed herewith or any shortages in any fees be charged to Deposit Account 50-1199.

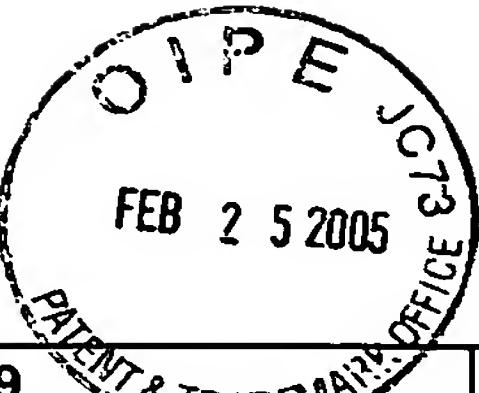
Consideration of the foregoing in relation to this application is respectfully requested.

Respectfully submitted January 14, 2005,

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GEH  
Enclosures:  PTO 1449  
 reference(s)  
 search report (incl. translation)  
 fee



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| <b>PTO 1449</b>  |                     | <b>Complete if Known</b> |               |
| <b>INFORMATION DISCLOSURE</b><br><b>STATEMENT BY APPLICANT</b> |                     | Application Number       | 10/708,787    |
|  |                     | Filing Date              | 3/25/2004     |
|  |                     | First Named Inventor     | Bernard Krone |
|  |                     | Group Art Unit           |               |
| Date submitted: 1/14/05  | Examiner Name       |                          |               |
| Sheet 1 of 1   | Attorney Docket No. | 404039                   |               |

## OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS

| Examiner Initials | Cite No. | Name of Author (in CAPITAL LETTERS), Title of Article, Title of Item (Book, Journal, etc.), Date, Page(s), Volume or Issue No., Publisher, City and/or Country Where Published |
|-------------------|----------|--|
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|-----------------------|--|--------------------|
| Examiner<br>Signature |  | Date<br>Considered |
|-----------------------|--|--------------------|